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Training in genitourinary medicine

For several years now, the training programme in genitourinary medicine (GUM) in the United Kingdom has followed a well trodden path, and existing specialist registrars (SpRs) will continue on the current programme. However, change is afoot. The Postgraduate Medical Education and Training Board (PMETB) assumed responsibility for specialist training from September 2005. An immediate effect has been the revision of the GUM curriculum so that there is more transparency in the training requirements. The curriculum describes the essential or core requirements needed by all GUM physicians who wish to practise as consultants in the United Kingdom. The existing basic specialist training and higher specialist training curricula, in use since 1999, provided a foundation. The content of the curriculum and the teaching/learning methods described were chosen by the Specialist Advisory Committee (SAC) in Genitourinary Medicine. Regular meetings were held by the SAC involving all relevant stakeholders (guidance was given by the Joint Committee on Higher Medical Training (JCHMT) and officials from PMETB). The curriculum was drawn up and approved by the SAC and submitted for approval by the JCHMT. The SAC includes representatives from the specialist societies—the British Association for Sexual Health and HIV, and the British HIV Association.

After completion of the 2 year foundation programme, trainees in all the medical specialties, including the majority of those wishing to specialise in GUM, will undertake a 2 year core programme in acute medicine. There then follows a 4 year programme in higher specialist training. Individuals who have successfully completed training will be awarded a certificate of completion of training (CCT). The issue of entry into the specialty of trainees who have completed training in obstetrics and gynaecology is, as yet, unresolved. Currently it is a requirement of those holding MRCOG as a higher qualification had to have spent a minimum of 1 year post-registration in posts approved for general professional training in general medical specialties. It has, however, proved difficult for many to secure such posts.

Trainees will achieve the learning outcomes described in the curriculum through a variety of methods. These include appropriate off-the-job learning, such as attendance at approved courses, participation in local postgraduate meetings, independent self directed learning, and work based experiential learning.

The curriculum will be delivered through a variety of learning experiences, mostly by work based learning and on-the-job supervision, the responsibilities of the trainers being clearly set out in the curriculum. The later years of training will allow for concentrated practice. Some trainees may wish to undertake additional training in clinical infection; others may wish to pursue a concentrated period of research.

Experience in HIV medicine is obligatory for all trainees, but how this is achieved varies throughout the United Kingdom. In some centres, HIV infected patients are cared for entirely by GUM physicians, while in others, infectious diseases (ID) specialists undertake the management of HIV infection with GUM SpRs being seconded for variable periods to such units.

There will be two methods of assessment: knowledge based and performance (workplace based). For trainees undertaking the 2 year core programme in acute medicine, knowledge will be assessed by the examination for Part 1 MRCP(UK). It is anticipated that the majority of trainees will obtain the MRCP during this period.

Knowledge of genitourinary medicine will be assessed by the examinations for the Diploma in Genitourinary Medicine (Society of Apothecaries, London), or for the Diploma in Genitourinary Medicine and Venereology, University of Liverpool, and knowledge of family planning and contraception will be assessed by the examination for the Diploma of the Faculty of Family Planning. Diagnostic and management skills will be assessed by the Mini-Clinical Evaluation Exercise (Mini-CEX) four times a year. History taking, examination, investigation, and management of the patient will be assessed similarly and by review of case notes, discharge letters, and the portfolio. The trainee's attitudes and behaviour will be assessed by review of trainers' reports, multi-source feedback, direct observation, and patient satisfaction questionnaires. Multisource feedback will be undertaken twice during the training programme.

Some doctors exiting F2 will be unsuccessful in entering the run-through training. In such cases it is envisaged that they may enter a period of fixed term specialist training from which they can again compete for entry into the run-through training programme. Other doctors may wish to move from a training post into a ''career post'' from which they may re-enter higher specialist training (HST).

In the past, training centres were visited at 5 year intervals to ensure that the training was satisfactory. Such visits will no longer take place, but programmes will be assessed during deanery-wide visits organised by PMETB, and by scrutiny of questionnaire data collected annually from each centre. Where significant problems are identified in a particular centre, a visit can be initiated.

The new curriculum can only lead to better training of future GUM specialists, and PMETB should be congratulated on taking this forward.

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